



Tennessee Consolidated Retirement System
Treasury Department
502 Deaderick Street
Nashville, Tennessee 37243-0201

APPLICATION FOR REFUND OF INSTALLMENT PAYMENTS

To apply for a refund of the payments made under the prior service installment purchase program, complete and return this form to TCRS at the above address.

I. Member Information			
Social Security Number	Date of Birth		
Name	Employer		
Street Address	City	State	Zip Code
Area Code/Telephone Number	Date Last Installment Payment Made		

II. Notarization (To be signed by member and witnessed by a Notary Public.)	
<p>I certify that the above information is complete and correct. I hereby make application for the return of the installment payments I have made toward the purchase of prior service. I understand that upon withdrawal of my installment account, I give up the right to participate in this program for a period of three (3) years.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 40%; text-align: center;"><p>_____ <i>Notary Seal</i></p></div><div style="width: 55%; text-align: center;"><p>_____ Signature of Member</p></div></div> <p>STATE OF _____</p> <p>County of _____</p> <p>Personally appeared before me on this _____ day of _____, 20____, the within named _____, and makes oath that (he)/(she) executed the foregoing instrument.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 40%; text-align: center;"><p>_____ Notary Public Signature</p></div><div style="width: 55%; text-align: center;"><p>_____ My Commission Expires</p></div></div>	